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APPLICANTS

Gregory J. Mann, Winfield, IL,

**** CONTINUING DATA** *No IFP***** FOREIGN APPLICATIONS** *No IFP***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 07/02/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 15	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Gary J. Mann</i> <i>Examiner's Signature</i>	<i>F.A.</i> <i>Initials</i>			

ADDRESS

30449

TITLE

CYCLIC REDUNDANCY CHECK GENERATION CIRCUIT

FILING FEE RECEIVED 1036	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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